

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

2003 APR 25 A 9 11

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Joe

Garcia

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

P.O. Box 460928

San Antonio, TX. 78246

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Bill

Cottinsam

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1734 Eagle Point

San Antonio, TX. 78248

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

492-2666

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

03/04/03

04/24/03

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council 1

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Joe F. Garcia

2003 APR 25 A 9 16

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,150.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

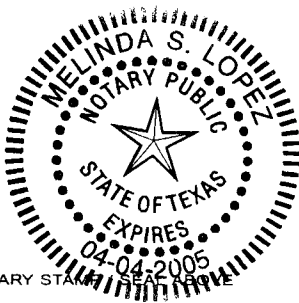
\$ 586.34

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,454.71

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe F. Garcia, this the April 25th day of April, 2003, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE A1

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

 2003 APR 25 A 9:16
Total pages in Schedule A1:

1

2 FILER NAME Joe F. Garcia		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/9/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Delia Castillo	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2018 Sundance Falls SATX. 78224			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/9/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosario Duque	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16335 Elk Glen SAT. 78247			
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mulcan T. Hartman Jr	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 327 Breas Blvd. SAT. 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 4/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAY WILKINS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18 ELMCOURT SAT. 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 4/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EDWARD E. WHITacre, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 175 E. HOUSTON ST, #1300 SAT. 78205			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25 A 4:16

Total pages Schedule F:

2

2 FILER NAME

Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)**4 Date**

04/16/03

5 Payee name

Multimedia Express

6 Payee address; City; State; Zip Code

8700 Kentsdale SATX 78239

7 Amount
(\$)4150.⁰⁰**8 Purpose of payment** (See instructions regarding type of information required.)

Website

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/8/03

Payee name

Parish Photography, Inc.

Payee address; City; State; Zip Code

7701 Broadway SAT. 78209

Amount
(\$)

4161.81

Purpose of payment (See instructions regarding type of information required.)

photos plus Dix

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/15/03

Payee name

Office MAX

Payee address; City; State; Zip Code

255 E. Gasse SAT. 78209

Amount
(\$)

415.93

Purpose of payment (See instructions regarding type of information required.)

Supplies paper

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/20/03

Payee name

SAN ANTONIO NEWS

Payee address; City; State; Zip Code

P.O. Box 2171 SATX 78297-2171

Amount
(\$)150.⁰⁰**Purpose of payment** (See instructions regarding type of information required.)

ADVERTISE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR 25 A 9 16

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

2 FILER NAME

Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)**4 Date****5 Payee name****7 Amount (\$)**

4/23/03

Katcom, Inc.

6 Payee address; City; State; Zip Code

331 Summertime SAT. 78216

\$ 45.00

8 Purpose of payment (See instructions regarding type of information required.)

Typesetting post card

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Amount (\$)**

4/23/03

The Home Depot

Payee address; City; State; Zip Code

435 SUNSET Rd.

SAT. 78209

\$ 15.53

Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Amount (\$)****Payee address;** City; State; Zip Code**Purpose of payment** (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Amount (\$)****Payee address;** City; State; Zip Code**Purpose of payment** (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**
SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 25 A 9 16

1 Total pages Schedule G:

1

2 FILER NAME

Joe F. Garcia

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Indian Palace

 8 Amount (\$)
\$16.05

 6 Payee address; City; State; Zip Code
8440 Fredericksburg
SAT. 78229

 7 Purpose of expenditure (See instructions regarding type of information required.)
Food Volunteers

☒ Reimbursement from political contributions intended

Date

Payee name

Jim's Restaurant

 Amount (\$)
\$14.10

 Payee address; City; State; Zip Code
4108 Broadway
SAT. 78209

 Purpose of expenditure (See instructions regarding type of information required.)
Food Volunteers

☒ Reimbursement from political contributions intended

Date

Payee name

Jim's Restaurant

 Amount (\$)
10.08

 Payee address; City; State; Zip Code
4160 S. New Braunfels
SAT 78223

 Purpose of expenditure (See instructions regarding type of information required.)
Donuts Volunteers

☒ Reimbursement from political contributions intended

Date

Payee name

He B

 Amount (\$)
\$19.84

 Payee address; City; State; Zip Code
721 Castrolville
SAT. 78

 Purpose of expenditure (See instructions regarding type of information required.)
Donuts

☒ Reimbursement from political contributions intended

Date

Payee name

 Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED